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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	153501-0375
	First Named Inventor	Dennis H. Weissert
	Original Patent Number	5,915,841
	Original Patent Issue Date (Month/Day/Year)	June 29, 1999
	Express Mail Label No.	EL088714715US

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/ 56) (Submit an original, and a duplicate for fee processing)	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (PTO/SB/96)	12. <input checked="" type="checkbox"/> Preliminary Amendment
	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	14. Other: .Request for Abstract of Title

15. CORRESPONDENCE ADDRESS

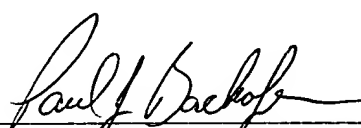
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 153501-0375		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 18	**** 0 =	x \$ 0 =		or	x \$ ____ =	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 =	x \$ 0 =			x \$ ____ =	
Basic Fee (37 CFR 1.16(h))						\$ 355		
Total Filing Fee						\$ 355	OR \$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ ____ =		x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ ____ =		x \$ ____ =	
Total Additional Fee							OR \$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 09-0946 in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 09-0946.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 355 to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<p><u>June 29, 2001</u> Date</p>				<p> Signature of Applicant/Attorney or Agent of Record</p> <p>Paul Backofen, Reg. No. 42,248 Typed or printed name</p>				